

Connifers Care Limited

Pine House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 28 April 2015. Our previous inspection, of 29 November 2013, found there to be no breaches of regulations.

Pine House is a residential care home for up to three people. The service's stated specialism is people who have learning disabilities. There were no vacancies at the time of our visit.

At the time of our visit, there was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that Pine House had a supportive atmosphere. Staff understood people's different ways of communicating, and people's choices were listened to. There was a range of positive feedback about the service, and we saw evidence of how the service was effective at promoting people's well-being and reducing instances of behaviours that challenged the service.

Staff underwent a robust procedure to check they were appropriate to work with people before they started

Summary of findings

work. Staff received good support to deliver care to people appropriately, including through regular training, supervision, and checks of competence. The service had enough staff to support people.

The service attended to people's individual needs. For example, people regularly attended community activities of their choice. One person had been supported to lose weight through effective attendance at exercise classes. Another person had been supported to better attend to their appearance and personal hygiene.

The registered manager knew the service and people using it well, and was accessible to anyone at the service. There were systems of auditing quality at the service, and we could see that action was taken to address identified shortfalls.

The service took appropriate action if they believed a person needed to be deprived of their liberty for their own safety. However, further work was needed with ensuring that the principles of the Mental Capacity Act 2005 were consistently applied for everyone using the service.

Whilst there were systems of supporting people with their medicines, these were not consistently followed, particularly where people were provided with as-needed medicines in respect of behaviours of theirs that challenged the service. We also found that the recording and reviewing of such incidents was inconsistent. This undermined the safe care and support of people.

Whilst the service placed emphasis on the maintenance of good health, we found that people were not always supported to access healthcare services.

We also found that systems of infection control and hygiene management were not consistently safe, and that a few aspects of safe management of the premises were compromised.

In summary, we found breaches of four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Whilst there were systems of supporting people with their medicines, these were not consistently applied, particularly where people were provided with as-needed medicines.

The recording and reviewing of incidents of people's behaviours that challenged the service was inconsistent.

Systems of infection control and premises management were not consistently safe.

The service provided enough staff to support people. New staff underwent a robust procedure to check they were appropriate for care work.

Requires Improvement



Is the service effective?

The service was not consistently effective. People were not always supported to access healthcare services, although there was emphasis on the maintenance of good health and a balanced diet.

The service took appropriate action if they believed a person needed to be deprived of their liberty for their own safety. However, further work was needed with ensuring that the principles of the Mental Capacity Act 2005 were consistently applied for everyone using the service.

People received effective care from trained staff whose knowledge was regularly tested by the registered manager.

Requires Improvement



Is the service caring?

The service was caring. Staff knew how to communicate well with each person, and interacted in a way that promoted people's well-being.

Attention was paid to people's needs and abilities, to help develop positive and trusting relationships.

People were supported to make choices, and their privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive. People received personalised care that reflected their needs and preferences, which supported their well-being.

People were supported to access a range of community activities in line with their preferences and abilities.

The service had a complaints procedure which reflected good practice.

Good



Summary of findings

Is the service well-led?

The service was well-led. The provider audited quality at the service, and action was taken to address identified shortfalls and make improvements.

People using the service benefitted from an experienced and knowledgeable registered manager who was accessible to anyone involved in the service.

Staff benefitted from an open and empowering culture, which helped them to meet people's needs better.

Good



Pine House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April 2015 by one inspector and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our visit, we considered the information in the PIR and any other information we had about the service.

During the visit, we spoke with four staff members, the registered manager, a member of the senior management team, and one person using the service. Some people who used the service were unable to speak with us, due to the nature of their disabilities, but we observed how they responded to staff when they were being supported in the communal areas of the service. We also looked at most of the accommodation provided.

We looked at care records for two people using the service and the personnel records of three staff members, along with various management records such as quality auditing records and staffing rosters. The registered manager sent us further documents on request after the inspection visit.

Following our visit, we spoke by telephone with two people's relatives for their views on the service.

Is the service safe?

Our findings

People were individually assessed for the support they needed with medicines. No-one looked after their own medicines. People's medicines administration records (MAR) indicated which medicines were prescribed as-needed. There was guidance on administering as-needed medicines, however, guidance about when to offer people which as-needed medicine was not stored alongside the MAR. It was within people's care files and was not easily accessible as the files contained a lot of information that was not clearly indexed. These arrangements may have put people at risk of unsafe care.

We checked people's medicines administration records (MAR) against stock for five as-needed medicines. In three cases, the remaining stock did not match information on the MAR about medicines in stock and administered. The management of these people's medicines put them at risk of inappropriate or unsafe care. For example, one person's as-needed medicine stock for the previous medicines cycle showed that five tablets had been removed from the packaging. However, only one tablet could be correctly accounted for on the front of the MAR. The administration of two other tablets was recorded in a blank space on the back of the MAR. The administration of a fourth tablet was recorded on the person's ABC charts (used to record information about incidents of behaviours that challenged the service). Records could not account for the fifth tablet, which the senior management team told us they would investigate this. We saw that the ABC chart did not record the circumstances relating to the administration of the three tablets found on the MAR, yet the medicine had been prescribed to reduce behaviour that challenged the service.

Another person had two different as-needed medicines prescribed for behaviours that challenged the service. Although there was a record to show one of them was administered to the person due to behaviour which challenged, when we checked it was clear that, in the circumstances described, the other medicine should have been offered instead. Staff had failed to ensure the medicine was offered to the person in line with the prescriber's instructions.

When we checked people's medicines at around 4.15pm, we found that one person's lunchtime medicines were still in the monitored dosage packaging. The person's MAR for

the medicines had not been signed. When we brought this to the attention of the senior staff member, they told us the person had been out from before lunch until shortly beforehand. However, as no attempt had been made to administer the medicine when the person arrived home or to ensure the person took it when out, we did not have confidence that the medicines would have been promptly offered to the person without our intervention. The MAR for another person showed that some ear drops due at lunchtime had not been recorded as administered. When this was brought to the senior staff member's attention, they told us these had been given, and they belatedly signed the MAR. The management of these people's medicines put them at risk of inappropriate or unsafe care.

We found that although the medicines policy provided detail on expected standards, it did not make specific reference to procedures for as-needed medicines and had little information on auditing to ensure appropriate standards were maintained. It was dated 2010, which did not indicate recent review to ensure it was in line with current good practice.

In summary, the recording and administration arrangements for people's medicines failed to demonstrate proper and safe management of medicines so as to ensure they were provided to people in a safe way. This was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback from relatives, staff and the registered manager indicated that the service had, over time, supported people to reduce behaviours that challenged the service such as aggression. One relative's comments included, "They handle behaviour well, there's less and less I get phoned about." We also saw health and social care professional records confirming this to have occurred. Each person had a comprehensive risk assessment in place in respect of risks to their health and welfare. This included applicable matters such as road-safety awareness, choking and behaviours that challenged the service. Staff we spoke with were aware of signs that could indicate individual people may be getting agitated, and what to do in response.

ABC charts showed what happened leading up to an incident, what the incident was, how staff provided support, and what the outcome was for the person.

Is the service safe?

However, other records of incidents showed these charts were not always used. For example, only three of the five recent administrations of one person's as-needed medicines were recorded on the ABC chart for them.

The provider had an accident and incident policy which demonstrated a principle of recording, investigating, and learning from cases of injury or potential harm. There was, however, no reference to the use of ABC charts, just incident forms that we saw were occasionally used. It was therefore unclear when ABC charts were to be used instead of, or in addition to, incident forms.

We saw that monthly reviews of people's care were written by people's key-workers which included consideration of the amount of use of as-needed medicines as a result of behaviours that challenged the service. However, specific recorded evidence of review of the ABC charts and incident forms, which could pick up on omitted entries on the ABC chart for example, was not available on request.

In summary, the recording of incidents of people's behaviours that challenged the service was inconsistent, and review processes were not identifying this. Effective operation of systems for maintaining complete and contemporaneous records of care provided to people in these circumstances was not in place, and methods for assessing, monitoring and mitigating risks in relation to people's health, safety and welfare as a result of these incidents were not sufficiently robust. This was a breach of Regulation 17(1)(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were satisfied with the safety and cleanliness of the premises. We looked at people's bedrooms with their permission and saw no safety concerns. Communal areas were safe and clean, and we saw staff and people using the service pay attention to maintaining cleanliness; this was backed by cleaning records. The registered manager told us of some refurbishment work from the previous summer, and we saw new flooring in parts of the home that improved on the appearance of the premises. However, we noticed some safety and infection control concerns. The mat in the centre of the lounge had stains and a worn appearance that contrasted sharply with the rest of the room. The light in the laundry room was hanging by a wire rather than being securely fitted into the socket. The top of the fridge in the kitchen had a large liquid stain and numerous dead flies.

Outside, the garden chair that we saw one person using had many holes in it, which the person told us was "not safe." Whilst clinical waste was kept securely, there was no lid to the bin in that area.

We found reference to laundering soiled clothing within the service's infection control policy; however, it referred to following "appropriate" procedures without clarifying what these were. When we asked a staff member how soiled clothing was washed, we were initially told that 30 degrees Celsius was appropriate. The registered manager sent us a new guidance document for washing soiled clothing after our visit, for staff to read and sign, which clarified a minimum washing temperature of 65 degrees Celsius. In conjunction with specific cleanliness issues that we saw, we were not assured that there were safe systems for maintaining appropriate standards of hygiene at the service at the time of our inspection visit.

We saw that communal doors were wedged open in contrast to fire safety guidance, meaning the doors would not close automatically if there was a fire. Actions to mitigate against foreseeable fire safety risks were not being taken.

In summary, premises and equipment in the service was not consistently clean or maintained and fire doors were not properly used. This was a breach of Regulation 15(1)(a)(d)(e)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us that people were safe at the service. We saw a service-wide risk assessment in place aimed at reducing and managing health and safety risks. There was a system of documenting regular checks of some health and safety matters in the service. This helped to ensure the safety of, for example, hot water in the service. There were certificates to show that a number of professional safety checks had taken place, for example, for electrical appliances, gas safety and emergency lighting.

The provider ensured that there were enough skilled staff working at all times to meet people's needs. Staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs. Records showed the service had seven permanent care staff along with a pool of bank staff who worked when needed. The rota showed that three or four care staff were on duty during the day, and one at night.

Is the service safe?

The provider followed safe recruitment practices as staff personnel records showed they had been subject to appropriate checks prior to employment, for example, identity and criminal record checks. There was a job application form for each staff member that included their employment history. Two references had been obtained in support of ensuring each staff member was of good

character. The provider took steps to check that referees were appropriately authorised to provide the reference. Applicants were interviewed by two senior staff who followed set questions to check for appropriate skills and values, for example, around keeping people safe and treating them with respect.

Is the service effective?

Our findings

One person using the service indicated to us that they were happy at the service. We saw evidence of other people at the service appearing content and receiving support to meet their needs. Relatives and staff told us they would recommend the service to others. Review records indicated that people experienced improved well-being at the service over time, for example, one person no longer needed reviews with a psychiatrist.

The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty for their own safety. We saw that a time-limited DoLS authorisation was in place for one person following assessment by independent health and social care professionals. We found the service to be operating in line with this authorisation.

We noted that although staff were present throughout the day to support people to go out if requested, people were individually assessed as not being capable of leaving the service unaccompanied. Staffing levels during the day, and our observations of checks of people when in their own rooms, indicated that people were under continuous supervision. The registered manager provided evidence after our visit of DoLS applications being completed for the other two people using the service. We judged that the applications were appropriate relative to the individual circumstances of the two people.

We found that most staff had been formally trained on the Mental Capacity Act 2005 (the MCA) which DoLS is a part of. Staff showed good awareness of asking people for consent to provide care and respecting refusals. We saw this to occur in practice.

People's care records included consent forms for some specific care and treatment circumstances such as for medicines. However, there were no assessments of people's capacities to consent to receiving specific care and support at the service, where the person had not signed consent forms.

We noted that one person had signed consent to medicines support. However, in contrast, their GP had authorised the use of as-needed medicines for them including a statement that the person did not have

capacity to consent to that decision. There were no capacity assessments evident in the person's files, to clarify how their capacity to consent to these medicines had been assessed.

The provider's Mental Capacity Act policy summarised the main points of the MCA. However, in terms of implementation, there was only a one-line statement of procedure. It did not guide managers or staff on how the MCA was to be followed in practice. The provider's restraint policy lacked information about recording instances of restraint, quality auditing, and staff training although we saw that training had occurred. People's individual risk assessments included sections on restraining people in specific circumstances. Whilst we found nothing to suggest that this had taken place recently, there was nothing on people's files to show how the decisions to restrain in these circumstances had followed the principles of the MCA.

In summary, the provider's systems at the service did not ensure that care was provided with the consent of the person, or where consent was unable to be given due to a lack of capacity, that care was provided in accordance with The Mental Capacity Act 2005. This was a breach of Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us of "very good" support with health matters. For example, the service responded to health matters when they arose without relying on the relative to raise concerns, and supported the person to attend health professional appointments as needed. Records demonstrated that people were supported to attend annual health checks along with regular reviews with relevant health professionals. However, we found instances where people had not been supported in a timely manner to address health matters. The outcome of one person's psychiatric review at the end of January 2015 included a recommendation for a blood test to take place. We found the blood test request form within the person's files. The registered manager confirmed that it remained outstanding. The person's health action plan showed that the last blood test took place in December 2013, and that a further one was scheduled for June 2014, although there was no record of this occurring. We were not assured that the person had received appropriate support with having blood tests.

People's health action plans provided a lot of information to clarify people's specific health needs and record health

Is the service effective?

appointment outcomes. For example, one plan clarified how one person communicated how they were in pain, and included details of changed medicines in respect of pain management.

Two health action plans contained the expectation of annual dentist appointments. However, there was no evidence of one person visiting a dentist, with records going back as far as 2011. We saw records indicating that another person's planned dental appointment was cancelled in February 2015 without explanation. A further appointment was booked and undertaken the following month, however, when we asked staff and the registered manager for explanation of the cancellation, none was provided.

In summary, timely care planning and delivery was not always taking place to support people with care and treatment where responsibility was shared with other health professionals in support of ensuring people's health, safety and welfare. This was a breach of Regulation 12(1)(2)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us of efforts to reduce the amount of medicines people were prescribed. We saw records of health professional meetings which confirmed that this was taking place for people in a controlled manner. This indicated good support of people's health and well-being.

A relative told us that the food was "excellent, smells lovely." They added, "It's not out of a tin, it's fresh from scratch." We saw that there was enough food including fresh items available in the service during our visit. People had access to kitchen facilities and staff provided support with drinks, snacks and meals as needed. People's Health Action Plans included advice on their specific nutritional needs and preferences. Records showed that some staff

had attended training on nutrition earlier in the year. We saw records confirming that planned weight loss was occurring for one person. We were therefore assured that people were supported to eat and drink enough and maintain a balanced diet.

The provider supported staff with skills and knowledge development for their roles. Records showed staff had individual supervision meetings with a member of the management team at appropriate intervals, often monthly. Supervisions involved discussion of care practice issues and training needs, and staff were given feedback about their performance. The structured supervision and appraisal process also involved knowledge reviews of a different set of topics at each supervision meeting. The registered manager demonstrated good use of this process, and staff fed-back that the registered manager was actively involved in checking and supporting their skills.

New staff we spoke with confirmed that they received good support to understand their role in the service and meet people's support needs. We were told, for example, about people's individual preferences and how they communicated that they were unhappy or agitated. Records showed that new staff followed a structured induction process across each week for their first month of work, then each month until their six-month probationary period review.

The staff training matrix showed staff had completed training on appropriate topics such as manual handling, safeguarding adults from abuse, equality and diversity, behaviours that challenge, and autism. The provider arranged appropriate external training for staff and checked staff attended the training. The registered manager also demonstrated that many of the staff had national qualifications in Health and Social Care, and that some new staff were being supported to attain these.

Is the service caring?

Our findings

Feedback about the approach of staff was positive. A person using the service told us, “The staff are nice and very kind to me.” A relative said, “They’re very caring, lots of them are excellent.”

Relatives spoke positively about staff members’ abilities to communicate with their relative. One relative noted that new staff were being taught by established staff, which staff confirmed. Their relative would not always accept the support of new staff, for example, with shaving. However, staff respected the person’s choice and worked together to support the person with personal hygiene. “They listen to him,” the relative explained.

Staff demonstrated various signs they and people at the service used to communicate, for example, how someone signed that they were in pain. We saw these were used in practice effectively. There were records of staff receiving professional training in this sign language (Makaton), and recognition from staff that whilst this formed a knowledge base, individual people adapted the signs for their own purposes. Staff could also explain how communication worked with the person who did speak, so as to communicate more effectively. Specific physical prompts were also in place for some people, including in a bag that one person took with them into the community to help them communicate better. Care files had a specific section on key communication points for staff, to help facilitate communication. It was evident that value was placed on enabling effective communication with people so as to help them to be understood, meet their needs, and develop positive relationships with staff.

Staff gave us examples of how they respected people’s decisions and preferences. One person liked their room to

be maintained a certain way and so staff were careful to ensure this occurred whilst still supporting them to maintain upkeep of the room. They could explain how to offer people choices based on people’s abilities, and they demonstrated good knowledge of people’s preferences and how each person communicated this. They were clear that people were entitled to refuse care and support, and indicated that they could balance this with trying to ensure people’s well-being where needed, for example, in trying different staff to offer personal care support when another member of staff’s assistance was refused. They made sure that the service was prepared for when people returned home after trips out so as to respect people’s preferred routines. A relative told us that the service involved their relative in meal preparation. Staff showed us photos that had been developed to help people make meaningful menu-planning choices.

The registered manager gave us examples of how positive relationships had been built with people using the service. This included learning about the impact of each individual’s diagnosis upon them, and getting information on the person’s life history. This helped to build rapport and trust with the person, and to find effective ways to work with them to reduce their reliance on behaviours that challenged the service. We noted that people’s care plans included positive reinforcement of appropriate behaviours, and we saw this to occur in practice.

We noted that staff consistently knocked on doors before entering people’s rooms. The communal bathroom was lockable from the inside. Staff explained to us that one person was demonstrating that they were uncomfortable with our request to view the upkeep of their room. These examples helped assure us that people’s privacy was respected.

Is the service responsive?

Our findings

People were supported to engage in a range of activities that reflected their personal interests and supported their well-being. A person using the service told us, “I go out a lot,” and spoke of the various community activities they were involved in. One relative told us of their relative doing more activities recently, particularly physical exercise, which they linked to a reduction in incidents that challenged the service and some planned weight loss. Staff told us how they supported people to meet their individual needs. For example, one person was attending exercise classes, at which staff helped to communicate with the person so they could follow the instructions.

The registered manager showed us a ‘social story’ that had been developed for one person to positively support them with working towards better self-care and presentation. She reported that this had been an effective process, and gave examples of what had been learnt to help the person with the process. Records confirmed what we were told.

There were support plans for each person explaining specific care needs, what the aim was in respect of each need, and how staff would provide support. These covered, for example, personal care, health matters and communication. It was backed by a person-centred plan that focussed on the preferences, skills, abilities and goals of the person, and by assessments of risk and the reduction

of specific hazards relevant to the person’s care and support. There were also monthly progress reviews, with the person where possible, which reviewed progress towards goals and other matters.

Relatives told us that the service listened to any concerns they had and made adjustments to the care and support provided. Communication was helped by informal relatives’ meetings that had been recently introduced. For example, this had ensured better standards of cleanliness. A relative told us that their family member’s keyworker liaised with them, which ensured that important information about the person’s preferences was passed onto the staff team.

The service’s complaints file had one resolved entry within the last twelve months which the registered manager provided us with further details about. A formal response had been provided to the person raising the complaint including what to do if they were not satisfied with the outcome. The file also contained forms on which staff could document verbal complaints.

The provider’s complaints policy made reference to the importance of recognition and recording of minor concerns as a means of demonstrating an open culture and improving on quality. It recognised that a satisfactory outcome for the person making the complaint was the means of closing it. These points showed an open and inclusive complaints process.

Is the service well-led?

Our findings

The provider promoted a positive, open and empowering culture. For example, we heard one person being told who was on duty when they asked. The registered manager told us that the service had two staff resign recently, for personal and development reasons. This had enabled one staff member to be promoted, and two staff members with experience of the provider's other services to start working at this service. Feedback from relatives noted new staff faces but recognised that other staff had worked at the service for many years, which helped maintain positive relationships with people using the service.

Relatives told us the service kept them updated on their relative's well-being. One relative said, "They always ring if there's issues," meaning if there was anything out of the ordinary to report, and that most staff were "very approachable".

A director from the provider's company attended part of the inspection visit. They were knowledgeable about how the service and the provider operated, for example, on the detail of the staff training and development. They confirmed their presence at a recent staff meeting which staff had told us about. They said staff were encouraged to share their views of the service without consequence, and that they aimed for the process to improve staff morale. Meeting minutes demonstrated this, and gave examples of the high regard that directors had for the quality of the service. There was opportunity for feedback about new ways of working, for example, that staff were finding new shift-planning tool too long, which was due to be consequently reviewed.

We received positive comments from people and relatives about the registered manager's approach and knowledge of people. Staff told us that the registered manager was accessible if they had any concerns or questions, and that she was very involved in how the service was provided to people. The registered manager demonstrated that she knew the service and people using it well, and was up-to-date with changes in legislation, for example, the new duty of candour requirement to notify relevant people should certain safety incidents occur as a result of the services provided to people.

We noted that the minutes of the previous day's staff meeting were already available on the notice board in the office for staff to refer to. It included reminders to staff about specific service standards and updates on changes to people's specific care arrangements. Meetings were taking place on a six-weekly basis.

The recent minutes of a meeting for senior managers within the organisation showed consideration of what was learnt from a recent inspection of another of the provider's services, by which to improve on quality throughout services. The meeting also looked at, for example, improving staff engagement and medicines security. Records and feedback from the registered manager indicated that these meetings took place frequently and focussed on different aspects of service provision each time.

We saw a report of questionnaires sent to involved healthcare professionals dating October 2014. Of the four respondents, nearly all replies to the various questions rated the service as either good or excellent. Strengths included the staff and management. Separate questionnaires were given to relatives and someone using the service, all of whom also fed-back positively. The analysis did not include an action plan to address weakest areas. However, the registered manager gave us an example of actions taken of where feedback had indicated possible service improvements for one person, and we found from speaking with the person that action had been taken.

We asked to see the latest quality audits at the service. Records showed that our unannounced visit coincided with the registered manager's plans to train the new senior staff member on quality auditing processes. The last service audit took place in November 2014, covering a range of service components in good detail. It was open about service shortfalls, and made plans to address this, for example, staff training which we checked had taken place. However, we noted that the audit did not prompt for thorough checks in some areas, and so, for example, was unlikely to identify the concerns we found about as-needed medicines and incident management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered persons' systems at the service did not ensure that care was provided with the consent of the service user, or where consent was unable to be given due to a lack of capacity, that care was provided in accordance with The Mental Capacity Act 2005. [Regulation 11(1)(3)]

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered persons failed to provide safe care and treatment for service users because:

- Medicines were not properly and safely managed. [Regulation 12(1)(2)(g)]
- Where responsibility for the care and treatment of service users was shared with other health professionals, timely care planning did not take place to ensure the health, safety and welfare of the service users. [Regulation 12(1)(2)(i)]

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered persons failed to ensure that all premises and equipment used by the service provider were properly used and maintained, clean, and that appropriate standards of hygiene were maintained. [Regulation 15(1)(a)(d)(e)(2)]

Regulated activity

Regulation

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

In respect of incidents of behaviours of service users that challenged the service, the registered persons failed to operate effective systems of:

- Assessing, monitoring and mitigating risks in relation to health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity. [Regulation 17(1)(2)(b)]
- Maintaining accurate, complete and contemporaneous records of care provided to service users. [Regulation 17(1)(2)(c)]